

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State
07-15-1999 90006 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000038405
1. Corporation Name
A & N AUTO CARE, INC.

Principal Place of Business 6259 BEACH BLVD JACKSONVILLE FL 32216	Mailing Address 6259 BEACH BLVD JACKSONVILLE FL 32216
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/28/1997	
4. FEI Number 59-3444920	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**NOURIPOUR, A
6259 BEACH BLVD
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PT	<input type="checkbox"/> DELETE
NAME NOURIPOUR, A	
STREET ADDRESS 6259 BEACH BLVD	
CITY-ST-ZIP JACKSONVILLE FL 32216	
TITLE SV	<input type="checkbox"/> DELETE
NAME NOURIPOUR, F	
STREET ADDRESS 10718 SADDLEBRED DR	
CITY-ST-ZIP JACKSONVILLE FL 32257	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	

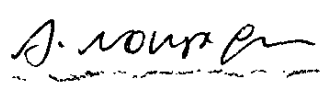
July 8, 1999

Dear Sirs,

Enclosed Please find my check for my annual Corporate Report. I'm sending \$150.00 since this notice marked 2nd notice is the first notice I received. Had I received the first notice I certainly would have paid it by the first of May.

Thank You for your understanding in this matter.

A. Nouripour



14. I hereby certify that the information supplied with this filing does not qualify for the e indicated on this annual report or supplemental annual report is true and accurate an officer or director of the corporation or the receiver or trustee empowered to ex in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A. Nouripour SIGNATURE REQUIRED

CR2E034 (5/99)